Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Longfield Medical Consulting Rooms

Activity date: 26 January 2021

Publication date: 23 February 2021

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales

Website: www.hiw.org.uk

Digital ISBN 978-1-80082-910-7

Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Longfield Medical Consulting Rooms (the setting) as part of its programme of assurance work. The practice has private consulting rooms and provides a range of specialist consultations including Ophthalmology, Ear Nose and Throat (ENT), Cardiology, Respiratory Medicine and Urology.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Care Standards Act 2000, Independent Health Care (Wales) Regulations 2011 and other relevant regulations. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality Checks are a snapshot of the standards of care within healthcare settings. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to inspections can be found here.

We spoke to the registered manager and the responsible individual on 26 January 2021 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- How are you ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely? In your answer please refer to both the practice environment and processes to enable patients to access appointments
- What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How has the clinic and the services it provides adapted during this period of COVID-19?

Environment

During the quality check, we considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments and questioned the setting on the changes they have made in response to COVID-19 to maintain safety and patient dignity.

The following positive evidence was received:

The changes that had been made to the environment were described to ensure that the setting could maintain social distance and to continue to deliver the registered services safely. These changes included removing chairs from the waiting rooms. Patients were required to arrive on time; appointment times were spread out to allow for cleaning between patients. Staff wore appropriate personal protective equipment (PPE) and windows and doors were opened to allow for adequate ventilation. The bilingual signage displayed, relating to hand washing and social distance, was also described.

We were told that the clinic remained open throughout the pandemic. At the start of the pandemic the setting updated their risk assessments and completed a deep clean of the premises. Relevant PPE was acquired, including the specialist PPE for aerosol generating procedures[1], required for ENT.

Staff described the additional activities that had been introduced to the cleaning schedules during this period of COVID-19. This involved a deep clean initially and additional cleaning of the practice and the consulting rooms between patients. We were told that the setting had been deep cleaned monthly and there were checklists for cleaners. This included additional cleaning of the equipment between patients. We were provided with evidence of the setting's cleaning schedules for the rooms and equipment and also saw examples of these completed schedules.

Staff stated that consultants prioritised what patients were seen, the setting aimed to provide those at particular risk, such as those shielding[2], the first appointment of the day. These patients were then taken directly to the relevant consulting room and more time was allocated to the appointment to ensure there was no contact with other patients.

No improvements were identified.

[1] An AGP is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

[2] People who are defined as clinically extremely vulnerable are at very high risk of severe illness from coronavirus.

Infection prevention and control (IPC)

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. We considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, cleaning and hygiene regimes and access to training.

The following positive evidence was received:

The appropriate COVID-19 risk assessments carried out on staff were described, to ensure their safety. Additionally, the setting completed further return to work assessments when staff were able to return to work.

We were told that patients were triaged for COVID-19 when a telephone appointment was made and were also asked to cancel appointments if their situation changed. They were also advised not to arrive early for the appointment. This information was also given in appointment letters.

The registered manager told us that patients were also triaged for COVID-19 when they arrived at the setting. Patients had to ring the doorbell, they were then greeted at the door by staff and had their temperature taken. Patients were requested to wear a face covering or mask prior to entering the setting. Patients were told what would happen at the clinic to prevent them contracting COVID-19. Patients were escorted to the waiting room and asked not to move the chairs, which were spaced to allow for social distancing. When patients could not wear a face mask, a face shield was provided. If the patient was deaf or hard of hearing, staff had access to clear face masks.

We were provided with a copy of the current IPC policy. This showed that the setting had taken appropriate action to reduce the risk of infection and to keep patients and staff safe. We were told that changes to IPC measures were communicated to staff and patients through informal meetings and handouts to read. We were also told that staff kept a folder with relevant policies included. There was a training day held for staff when they returned to work from furlough, which included PPE and IPC training. All staff had a handout with correct donning and doffing procedures. This ensured that staff knew what PPE to wear and when to wear the relevant masks.

Staff said that the setting monitored the Public Health Wales and Welsh Government COVID-19 guidance and reviewed these to ensure that the clinic complied with the requirements. The setting used a checklist in every room to ensure that the relevant cleaning was carried out, including door handles. Completed checklists were held on file. Staff received in-house training on how to clean and decontaminate rooms and equipment.

We saw evidence of the results of the COVID-19 patients' survey. This stated that all patients completing the survey were very positive and felt safe and confident following their visit to

the setting. A few specifically thanked the staff for all their help and support.

No improvements were identified.

Governance / Staffing

As part of this standard, HIW explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care. We reviewed recent risk assessments and questioned the setting on the changes they have made in response to COVID-19 to maintain safe practices.

The following positive evidence was received:

We were told that staff were furloughed initially and had since returned to work. The majority of staff worked part time and agency staff were not used.

The process in place to report incidents was described, including the complaints procedure and accident log. Any complaints relating to the consultants who practiced at the clinic were given to the consultants to address.

The registered manager praised the staff for their dedication that had kept everyone safe. As described above, patients appreciated the efforts of the staff and they had a good working relationship with patients.

We were told of the process and evidence required to grant medical consultants permission to practice in the clinic. This included the documentation required, such as qualification certificates and a copy of their appointment letter as a consultant in the NHS.

We were provided with a copy of the latest responsible individual report. We were also told that the responsible individual worked at the setting at least one day a week. The statement of purpose and patient guides provided were also relevant and up to date.

Copies of various documentation were seen, including the terms and conditions and contract between the patient and the setting and the procedures to be followed when opening a clinic

The following areas for improvement were identified:

We were told that there was not a defibrillator[3] at the clinic, but there was an oxygen cylinder and masks available for use by patients, in an emergency. However, the checks on this equipment were only carried out every six months or after use. We were also told that there were medical consultants on site who were aware of the patient history as well as the setting's

[3] A defibrillator is a device that gives a high energy electric shock to the heart of someone who is in cardiac arrest. This high energy shock is called defibrillation, and it's an essential part in trying to save the life of someone who's in cardiac arrest.

own first aid qualified staff, who would be called on, in an emergency.

The setting must put procedures in place to ensure that the oxygen cylinder and masks are checked more regularly to ensure they are in date and serviceable.

We were provided with a copy of the mandatory training matrix. This showed that not all staff had undertaken safeguarding and chaperone training.

The setting must ensure that staff complete all mandatory training in a timely manner, including safeguarding and chaperone training.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the Quality Check.

As a result of the findings from this quality check, the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Improvement plan

Setting: Longfield Medical Consulting Rooms

Date of activity: 26 January 2021

The table below includes improvements identified during the Tier 1 Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The checks on the oxygen cylinder and masks were only carried out every six months or after use. The setting must put procedures in place to ensure that the oxygen cylinder and masks are checked more regularly, to ensure they are in date and serviceable.	Standard 25 Workforce Planning, Training and Organisational Development	Process was put into place 26th January 2021 to check the oxygen cylinder and masks on a weekly basis using a dated spreadsheet. BOC having done their yearly check the week before	Sally Burge	Completed
2	Evidence provided of the mandatory training matrix showed that not all staff had undertaken safeguarding	Standard 25 Workforce Planning,	Staff training is and has been an ongoing process as regulations are reviewed but	Sally Burge	28 February 2021

	and chaperone training. The setting must ensure that staff complete all mandatory training in a timely manner including safeguarding and chaperone training.	Training and Organisational Development	we now have a training matrix to ensure compliance. Safeguarding completed 5.2.21 Chaperoning update 9.2.21 Fire Safety update 17.2.21 CPR update planned 9.2.21		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Name: Sally Burge

Date: 5 February 2021